

Name
in
Full

Sarah Arnold

CERTIFICATE OF DEATH

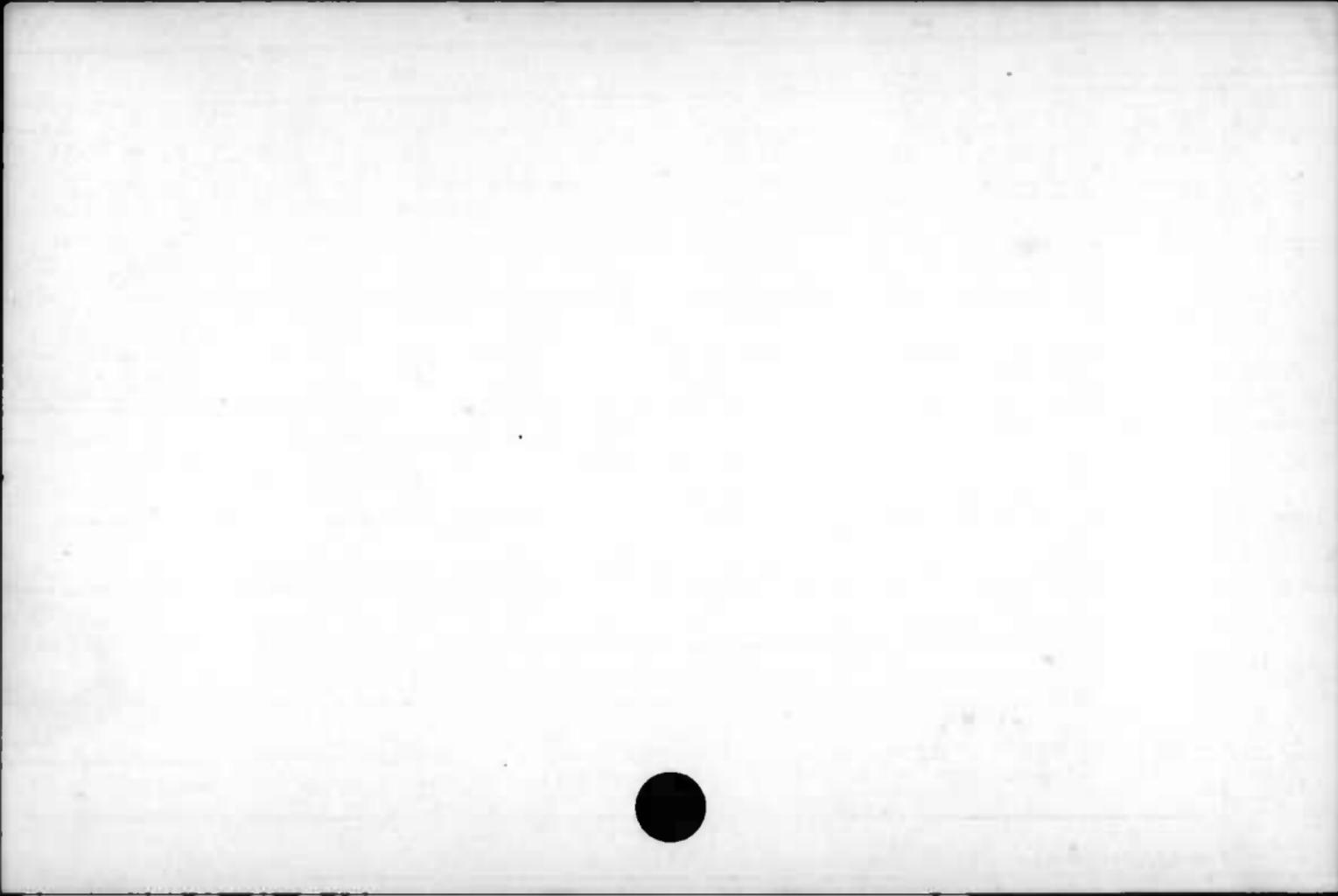
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Feb	Day 26	Age 36	Years	Months Days
Sex Female	Color or Race White	Occupation	Birth-place	Maryland	
Married, Single or Widowed	Mariad				
Name of Wife or Husband	William Arnold				
Father's Name	Caleb Arnold			Father's Birthplace	Maryland
Mother's Maiden Name	Catharine Blustwell			Mother's Birthplace	Lo
Name of person giving information	William Arnold			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	1 week
Immediate	Heart Failure 93	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Jes. D. Derring
		Address	Westmount
Accident or Suicide?			



John Henry Barnes

Town

Sylkerville

County

Carroll

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Date 19

Age

81

10

3

mo.

·

Occupation

Carpenter

5

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Josiah Barnes

Mother's

Maiden Name

Rebecca Anderson

Cause of

Primary

Softening of Brain

How long sick

18 mos

Death

Immediate

Failure of Brain

Accident, Suicide, Homicide

Reported by

Daniel B. Sprecher

Sylkerville

2nd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

315

Frances H. Burkard.

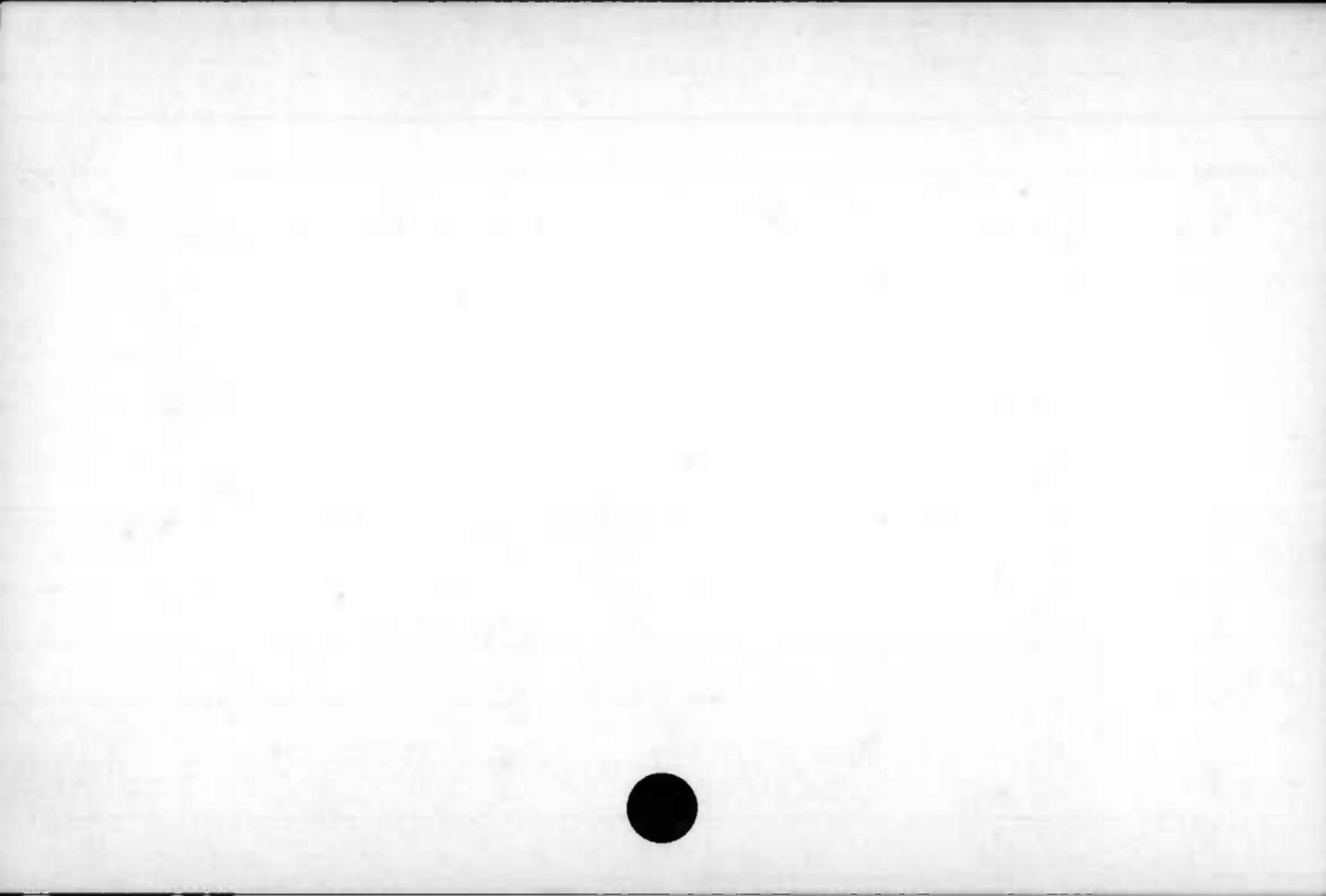
CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death 1903	Month Feb	Day 18	Years 62	Months 4	Days 13
Sex Male	Color or Race White	Birth-place Penna.			
Married, Single or Widowed Widower	Occupation Veterinary Surgeon				
Name of Wife or Husband Laura V. Richards.					
Father's Name Leon T. Knob	Father's Birthplace				
Mother's Maiden Name don't know	Mother's Birthplace				
Name of person giving information Frances H. Burkard.	How related to deceased Daughter				

CAUSES OF DEATH

Primary	Influenza	How long
Immediate	erysipelas	10 How long 4 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		Jas. H. Wilson M.D. Howellsburg Ind



Name
In
Full

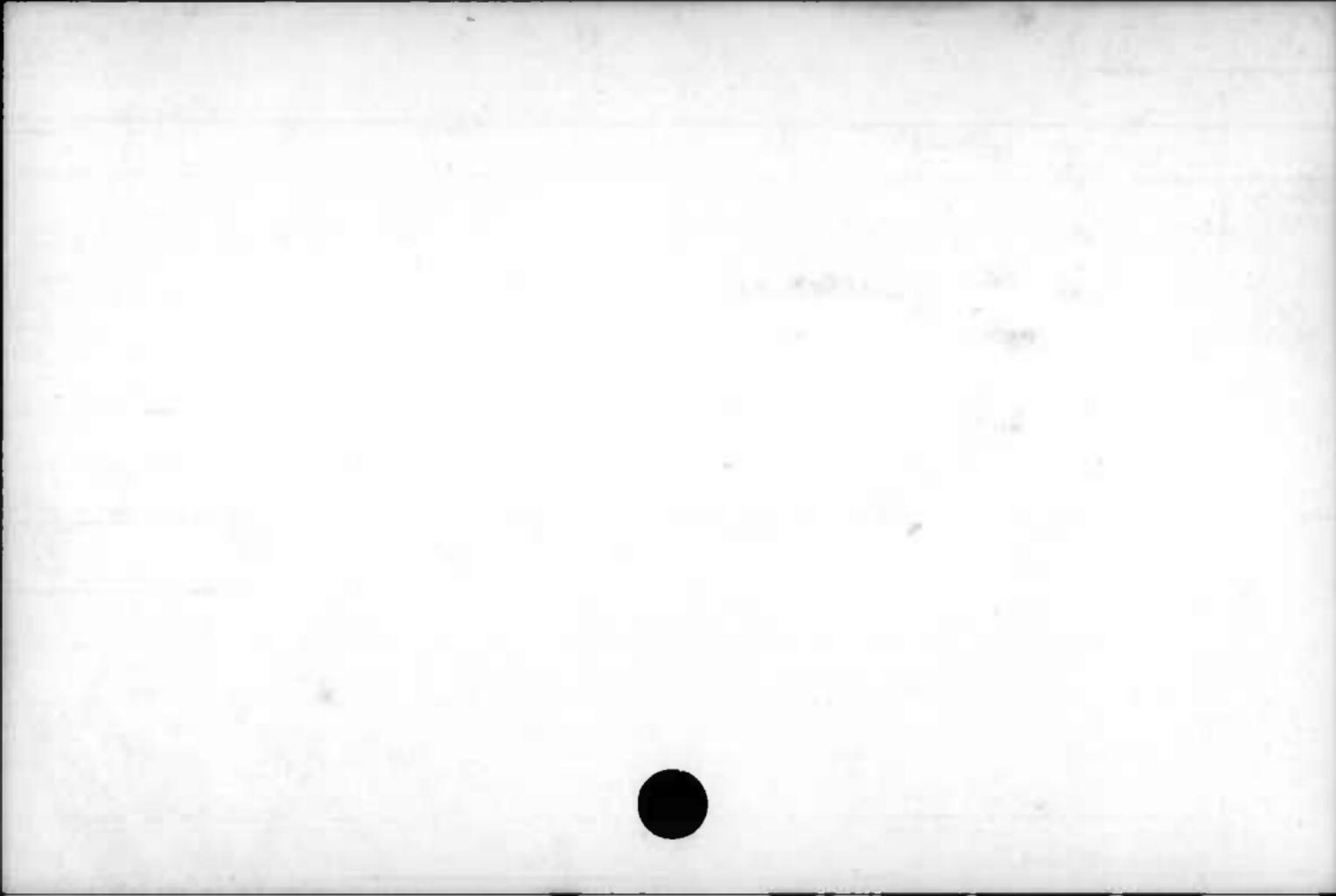
3/ Robert T C Casper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Age	Years	Months Days
Sex	Male	Color or Race	Occupation		
Married, Single or Widowed	Widower	Farmer			
Name of Wife or Husband	Eva Louise Ballison				
Father's Name	Jacob Casper				
Mother's Maiden Name	Rachel Kelly				
Name of person giving Information	Geo W Casper				
CAUSES OF DEATH					
Primary	Paralysis			do	How long
Immediate					How long
Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	T J Casper
				Address	Washington
Accident or Suicide?					



Name
in
Full

Elizabeth . H. Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Westminster	Carroll	
Date of death 1903	Month Feb	Day 26	Years Age 78
Sex Female	Color or Race White	Birth- place Balto	Months 1
Married, Single or Widowed Widowed	Occupation Retired	Days 26	
Name of Wife or Husband John F. Clark			
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information Jack Myelly	How related to deceased Nephew		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

General Debility

How long

about 2 years

Immediate

Paralysis

How long

18 hours,

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Chas. R. Fouhy M.D.

Address

Westminster,
Md.

9

Accidental or Suicide

J.W. Benjamin's cemetery.

Name
in
Full

Martha Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Westminster</u>		Town	County <u>Carroll</u>	MARYLAND.		
Date of death 1903	Month Feb	Day 5	Age 32	Years	Months	Days
Sex Female	Color or Race <u>White</u>	Occupation <u>House work</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Single</u>						
Name of Wife or Husband						
Father's Name <u>Not Known</u>	Father's Birthplace					
Mother's Maiden Name <u>Not Known</u>	Mother's Birthplace					
Name of person giving Information <u>Henry Morelock.</u>	How related to deceased <u>not related</u>					
CAUSES OF DEATH						
Primary <u>Sepsis</u>	20	How long <u>about week</u>				
Immediate <u>Peritonitis</u>	6 days.	How long				

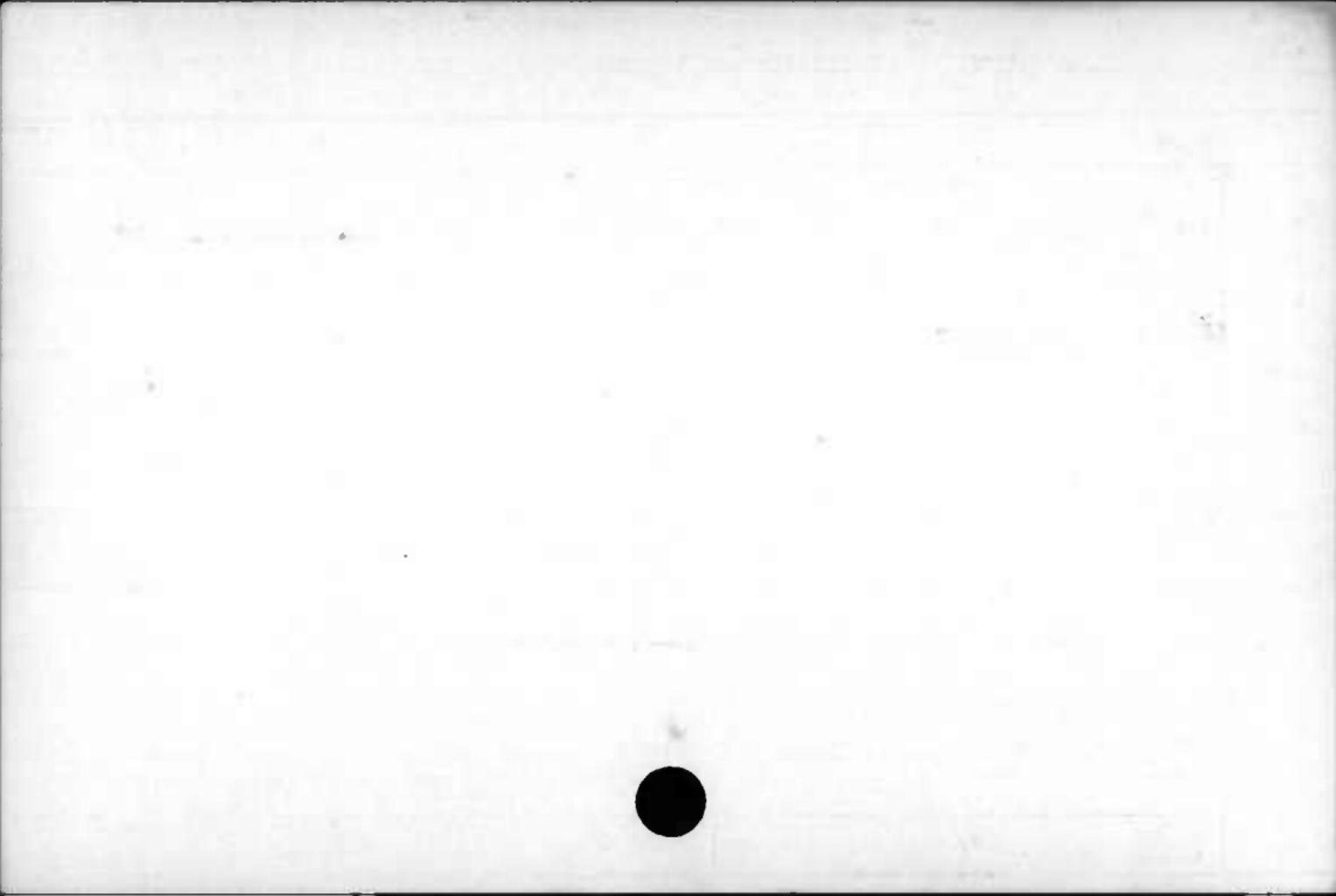
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas R Foutz, M.D.
Westminster
Md.

Accident or Suicide?



Name
in
Full

Charles Crawford

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at New Windsor		County Carroll		MARYLAND		
Date of death 1903	Month 2	Day 3	Years 35	Months	Days	
Sex Male	Color or Race White	Occupation Livery		Birth-place Taylorsville		
Married, Single or Widowed Married	Name of Wife or Husband Mattie Crawford					
Father's Name				Father's Birthplace M. d.		
Mother's Maiden Name				Mother's Birthplace M. d.		
Name of person giving information John E. Senseney				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

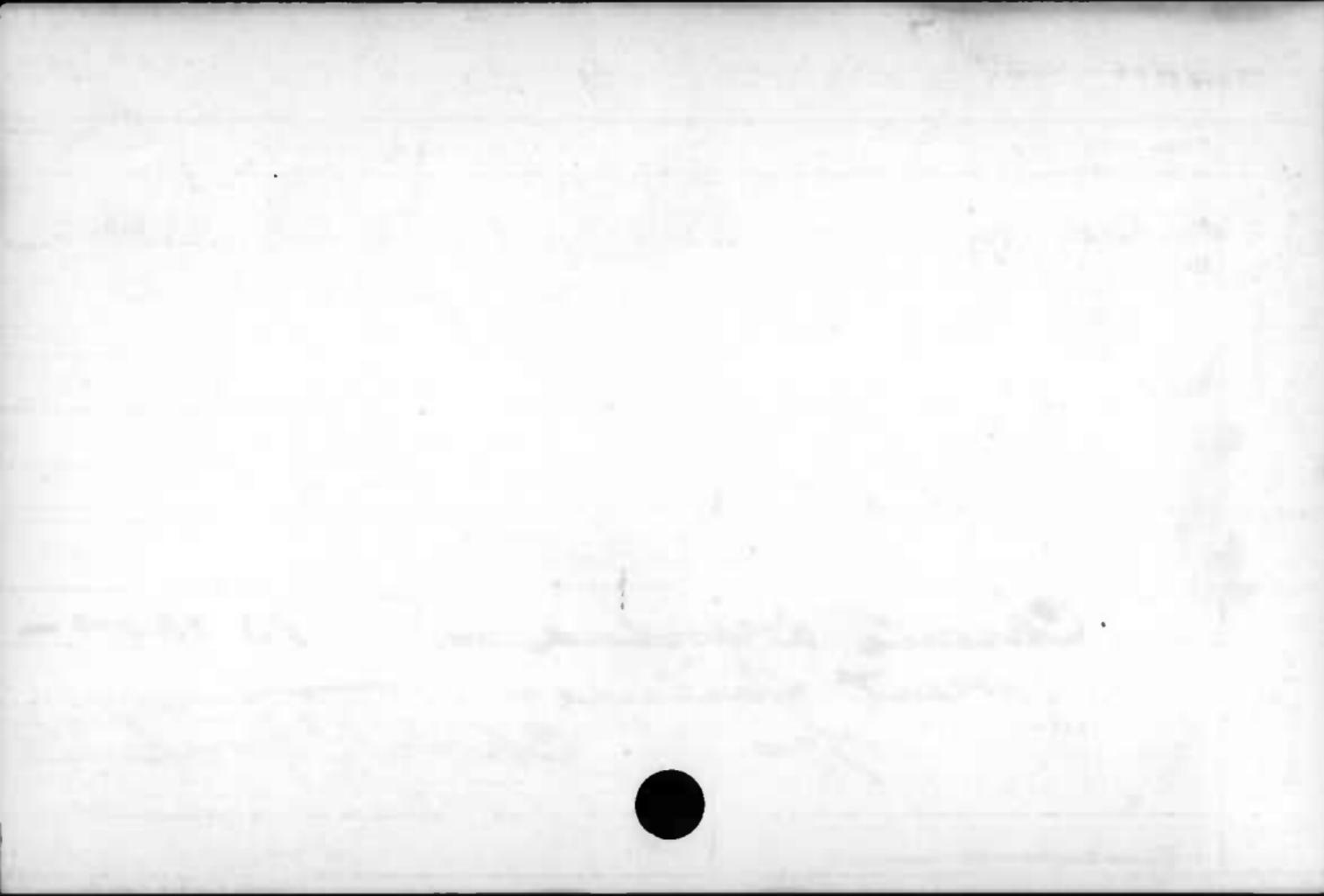
Primary Cat How long

Immediate Cholera How long

Are the name, age, sex, color, date
and place correctly given above?
Yes.

Signature of Physician G. C. Henderson M.D.
Address 101 Henderson

Accident or Suicide? Accident



Name
in
Full

Joshua Crawford

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 190	3	Month Feb	Day 4	Years 78	Months —	Days —
Sex	Male	Color or Race	White	Birth- place	Frederick	
Married, Single or Widowed	Widower	Occupation	Retired			
Name of Wife or Husband				Father's Name	William Crawford	
Mother's Maiden Name				Mother's Name	Sarah Hesson	
Name of person giving Information				How related to deceased	Son in Law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Diarrhoea

How long

10 mos -

Immediate

Heart Failure -

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Chas R Foutz M.D.
Wilmington
Del.

Accident or Suicide?

Baust's church

Died at Langton and. Town County Irbo.
Leavall.

MARYLAND

Date 1903 Month Feb. Day 6. Y. M. D. Native of _____ Occupation _____
Male White Married Widow _____
Female Colored Single Widower Number of children living _____

Husband of _____

Wife _____
Father's Name Marshall Cubs

Mother's Name Ellen Fogle

Cause of Death Primary Still Born S How long sick _____

Death Immediate Accident, Suicide, Homicide

Reported by Commonw.

Address 

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Arthur Davis.

Died at	McAay	Town	Carroll	County	MARYLAND
Date 19	Feb. 12	Month Day	Y. M. D.	Native of	Occupation
3				Carrolls.	Labozer
Male	White	Age 37	Widow	Divorced	
<u>Female</u>	Colored	Married	Widower	Number of children living	
Husband of	Margaret F. Davis				
Father's Name	William Davis	Mother's Maiden Name	unknown		
Cause of Death	Primary	Pneumonia	93	How long sick	7 days
	Immediate			Accident, Suicide, Homicide	

Reported by

L C Lewis

Address

Ridgerville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

512

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



3 Margaret Leavilliss

CERTIFICATE OF DEATH

MARYLAND

Town Died at	Westminster	County	Carroll
Date of death 1903	Month Feb	Day 11	Age 83
Sex Female	Color or Race	white	Birth- place Maryland
Married, Single or Widowed	Widow	Occupation	
Name of Wife Husband	Frederick Leavilliss		
Father's Name	Abraham Taylor		
Mother's Maiden Name	Maryland		
Name of person giving Information	William Leavilliss		
Maryland			
How related to deceased Son			

CAUSES OF DEATH

Primary

Old age

154

How long

week

Immediate

Heart Failure

How long

a few hours

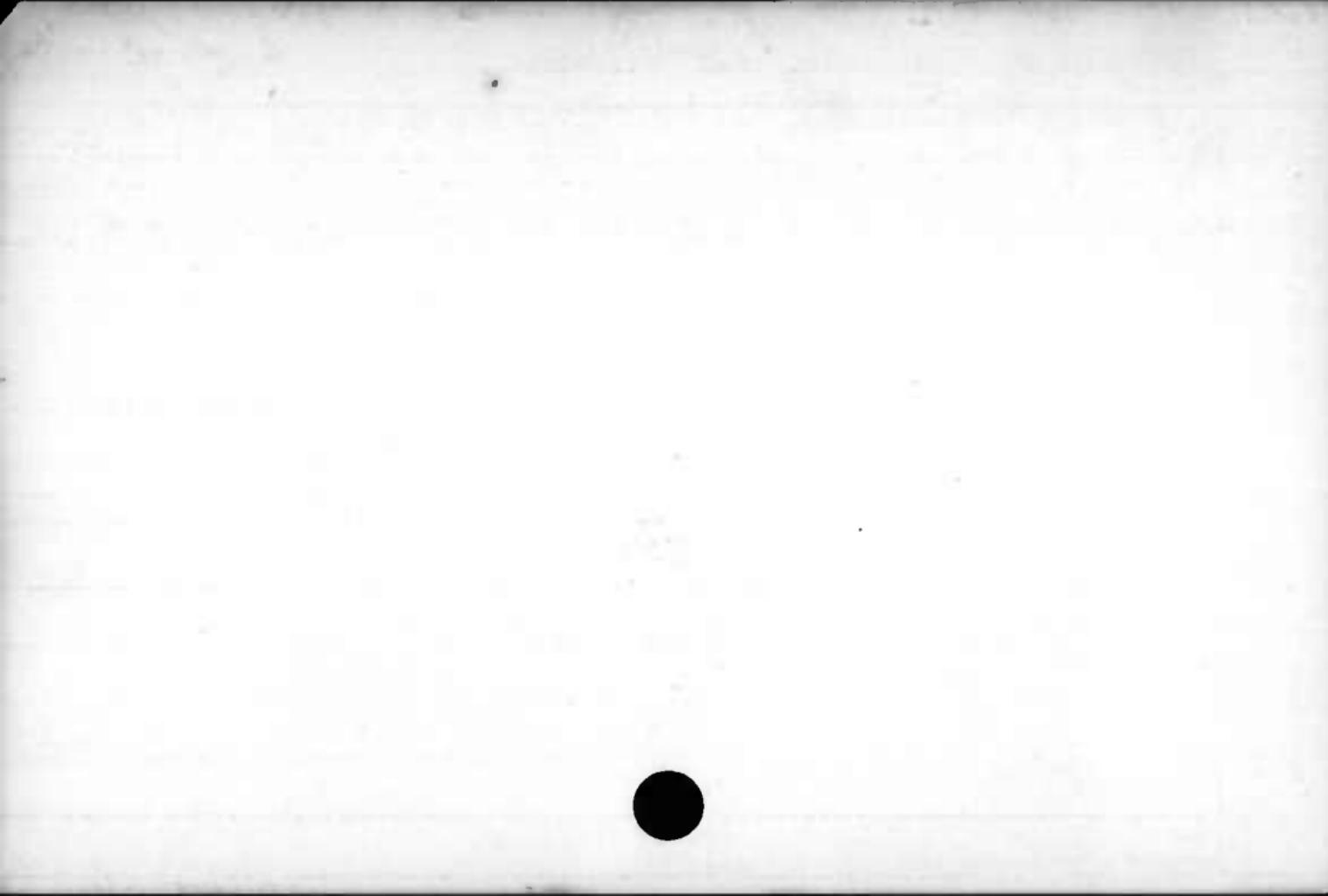
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Jas. H. Bellingsball M.D.
Westminster M.D.

Accident or Suicide?



France (Ingent)

Town

County

Died at

Berrett

barroo

MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 109 1903	2	2	Age	-	1	md	-
Male	White		Married			Widow	Divorced
Female	Colored		Single			Widower	Number of children living

Husband
of

Wife

Father's
Name

James E. France

Mother's
Name

Florence V. France

Cause of

Primary

157

How long sick

Death

Immediate

Mutilical Hemorrhage

Accident, Suicide, Homicide

Reported by

M. Frank Lucas M.D.

Address

Dykeville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Jonas Wesley Fridinger

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death 1903	Month Feb	Day 28	Age 16	Years	Months 4	Days 14
Sex Male	Color or Race white	Occupation		Birth-place Silver Run		
Married Single or Widowed Single						
Name of Wife or Husband						
Father's Name Jonas Fridinger			Father's Birthplace Deep Run			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving Information			How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Muscles

How long

5 days

Immediate

Pneumonia & Heart Failure

How long

14 days -

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Chas. R. Foutz, M.D.
Westminster
Md.

Accident or Suicide?



Name
in
Full

Sara B. Fritz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

323

Died at	Town	County		MARYLAND		
Date of death 1903	Month Feb	Day 26	Years	Months 1	Days 1	
Sex Female	Color or Race white	Age	Occupation Single	Birth- place Wakefield		
Married, Single or Widowed Single						
Name of Wife or Husband						
Father's Name Charles Fritz	Father's Birthplace New Windsor					
Mother's Maiden Name Annie Young	Mother's Birthplace Westminster					
Name of person giving Information Charles Fritz	How related to deceased Father					

CAUSES OF DEATH

Primary Hepatitis	How long 5 weeks
Immediate " "	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Address McBain Westminster Md
Accident or Suicide?	

wakefield cemetery

Name
in
Full

William Jasper Garner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month 2	Day 28	Age 14	Years	Months 7	Days 7
Sex male	Color or Race white	Occupation Farmer	Birthplace near Union Bridge			
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	Jasper E. Garner			Father's Birthplace	near Union Bridge	
Mother's Maiden Name	Easmah S. Lyon			Mother's Birthplace	near Uniontown	
Name of person giving Information	Frank Garner			How related to deceased	Brother	
CAUSES OF DEATH						
Primary				How long	4 weeks	
Immediate Moses.	6			How long		

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

Luther Kemp
Uniontown Md



Name
in
Full

316 Mary Gore

TO BE ANSWERED BY
NEAREST FRIEND

				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death 1903	Month Feb	Day 21	Years	In her 88 year	Months	Days	
Sex Female	Color or Race White	Birth-place Maryland					
Married, Single or Widowed Widow	Occupation						
Name of Wife Husband Jabez Gore							
Father's Name Joseph Caffey	Father's Birthplace France						
Mother's Maiden Name Sarah Galoway	Mother's Birthplace Maryland						
Name of person giving Information Mrs C N Vandervord	How related to deceased Grand Daughter						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis & Heart Disease

How long

Immediate

Effusion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John D. Colle MD
Westminster

Accident or Suicide?

St Johns

Cemetery

Emma Haines

Town County
Died at *Taneytown*, *Carroll* MARYLAND

Died 19	Month	Day	Y.	M.	D.	Native of	Occupation
03	2	28	Age 2	Married	Widow	Divorced	
Male	White	White			Widower		Number of children living
Female							

Husband of

Wife

Father's Name

Cause of Death

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mother's Maiden Name

Spay Shutter

How long sick

1 week

Accident, Suicide, Homicide

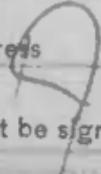
John Haines

Irranition

Grip

LeBarrie Mel

Taneytown



Mayberry



Cindy Jane Harner

Town

County

Died at

Kummers Station Carroll

MARYLAND

Date 19

Month Day
Feb 5

Y. M. D.

Native of

~~Male~~

White

Age
Married

69.2

Ind
Divorced

Female

Colored

~~Single~~Widow
Widower

Occupation

Housewife

5

Number of children living

Husband of

Wife

Father's

Name

Cause of

Primary

Inflammatory rheumatism

How long sick

2 years

Death

Immediate

Valvular disease of Heart

Accident, Suicide, Homicide

Reported by

letty cimier 47

Address

Janey town

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Harris

Died at	Town	Month	Day	Y.	M.	D.	Native of	Occupation
Date 49	Bearfootsville		2 - 24	80	-	--	Md	Farmer
Male	White	Married		Widow	Divorced			
F	C	S		Widower			Number of children living	

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumosy

97

How long sick

10 da.

Death

Immediate

Pneumonia, Lobar

Accident, Suicide, Homicide

Reported by

(Address)

Edgar M. Brush M. D.
25 W. Franklin St. Mid

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Jane Harrison
Town County

Died at

MARYLAND

Date 1903

Month
Novey Day
20Y. Age
70

M.

D.

Native of
MdOccupation
House wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

Mr Harrison

Wife

Father's Name

Jesse Ectison

Mother's

Maiden Name

Bonnette Choxley

Cause of Death

Primary

Pneumonia

How long sick

Immediate

Parotitis

93

5 days

Accident, Suicide, Homicide

Reported by

L.T. Lewis Undertaker

Address

Artainy Carole Co. and

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ephriam J. Hess

Town

County

Died at

Harney

Carroll

MARYLAND

1903

Month

Day

Y.

M.

D.

Native of

Date

2 6

Age 66

9

11

Md

Occupation

Cabinetmaker

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

8

Husband

of

Sarah J. Hess

Father's

Name

Henry Hess

Mother's

Name

Betzie Miller

Cause of

Primary

Heart disease

How long sick

4 months

Death

Immediate

Debility.

Accident Suicide Homicide

Reported by

Dr. W. Weeden M.D.

Lancaster, Pa.
Aug 10, 1903
Med.

Address



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charity Hill

Died near Taneytown Town Carroll County MARYLAND

Date 1893 Month Feb. Day 17 Y. 80 Native of - Occupation None
 Male White Widower Divorced
 Female G. Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Debility.

154

How long sick
6 mos.

Death

Immediate

Accident, Suicide, Homicide

Reported by

Approved
Taneytown

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Hopkins, Anna

Town

County

Died at Freedon

Barroll

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1903 - 2 - 5 -

Age — 3 - -

Wid

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of —

Wife

Father's Name

George Hopkins

Mother's Name

Anna Hopkins

Cause of

Primary

How long sick

Death

Immediate

Pneumonia 90

10 days

Accident, Suicide, Homicide

Reported by

O

Frank Lucas M.D.
Salisbury, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

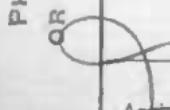


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Gershon Huff				CERTIFICATE OF DEATH		
Died at		Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	24	7	28	
Married, Single or Widowed	Occupation	Birth- place	Pennsylvania			
Name of Wife or Husband	Widower	Plasterer				
Father's Name	John Huff	Father's Birthplace	New York			
Mother's Maiden Name	Rachel Christine	Mother's Birthplace	Pennsylvania			
Name of person giving Information	Edward Huff.	How related to deceased	(Son)			

PHYSICIAN
OR CORONER



Primary

Paralysis
Apollely

CAUSES OF DEATH

Immediate

64

How long

5 weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

M. L. Batt
Westminster -
Md.

Accident or Suicide?

Lillie, town

Leisa Moorer Hoyer

Town

County

Died at

*Leroyville**Carroll*

MARYLAND

1903

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

6 weeks Ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name*Samuel Hoyer*Mother's
Name*Sarah C Hoyer*

Cause of

Primary

How long sick

3 days

Death

Immediate

Whooping cough

Accident, Suicide, Homicide

Reported by

*G.O. Fass**70*

Address

*Lancytown**Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Samuel Kesseling

Died at	Town	County			
	<i>Silver Run</i>	<i>Leonell</i>	MARYLAND		
Date 1903	Month <i>July</i>	Day <i>8th</i>	Y. M.	D.	Native of
Male	White	Age <i>82</i> ,	Married	Widow	Divorced
Female	Colored	Singl		Widower	Number of children living

Husband of	<i>Anna Kesseling</i>	
Wife		
Father's Name	<i>Jacob Kesseling</i>	Mother's Maiden Name
Cause of Death	Primary <i>Paralysis</i>	How long sick <i>12 months</i>
Death	Immediate	Accident, Suicide, Homicide

Reported by

J J Sturgat

Address

Indiana Mills

Leonell Lee

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Fathers Birth place,
Maryland

Mothers Birth place.

Maryland.

Name in Full

Certificate of Death

Fowles

Town

Moyers

County

Died at

Maryland

Carroll

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	Feb.	14	Age	28		Grand Jarmier	Fanner
Male	White		Married			Widow	Divorced
Female	Colored		Single			Widower	Number of children living

Husband

of

Grace

Wife:

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Name

How long sick

Two Weeks

Accident, Suicide, Homicide

Reported by

Dr. J. J. Stewart

93

Address

Union Mills

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Bawst-Blunck

Myers

Died at Sykesville
TownCounty Carroll

MARYLAND

Date 189	Month <u>Feb</u>	Day <u>27</u>	Age	Y. <u> </u>	M. <u> </u>	D. <u> </u>	Native of <u>MD</u>	Occupation
Male	White		Married	Widow	Divorced			
Female	Colored		Singler	Widower	Number of children living			

Husband
of _____

Wife _____

Father's Name _____ Mother's Name Neitha A Myers

Cause of Death	Primary <u>Prematurity</u>	How long sick _____
	Immediate <u>Labor</u>	Accident, Suicide, Homicide _____

Reported by Daniel B. SpieckerAddress Sykesville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Muhammad 'arber

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Died at Near Baltimore			County	Carroll	
Date of death 190	Month 3	Day 2	Age 1	Years	Months	Days Ghrs
Sex Female	Color or Race	white			Birth- place	Baltimore
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Columbus P. Parler Jr.			Father's Birthplace	Carroll Co	
Mother's Maiden Name	Lora Redfley			Mother's Birthplace	Carroll Co	
Name of person giving Information	C. Parler Jr.			How related to deceased	father	

CAUSES OF DEATH

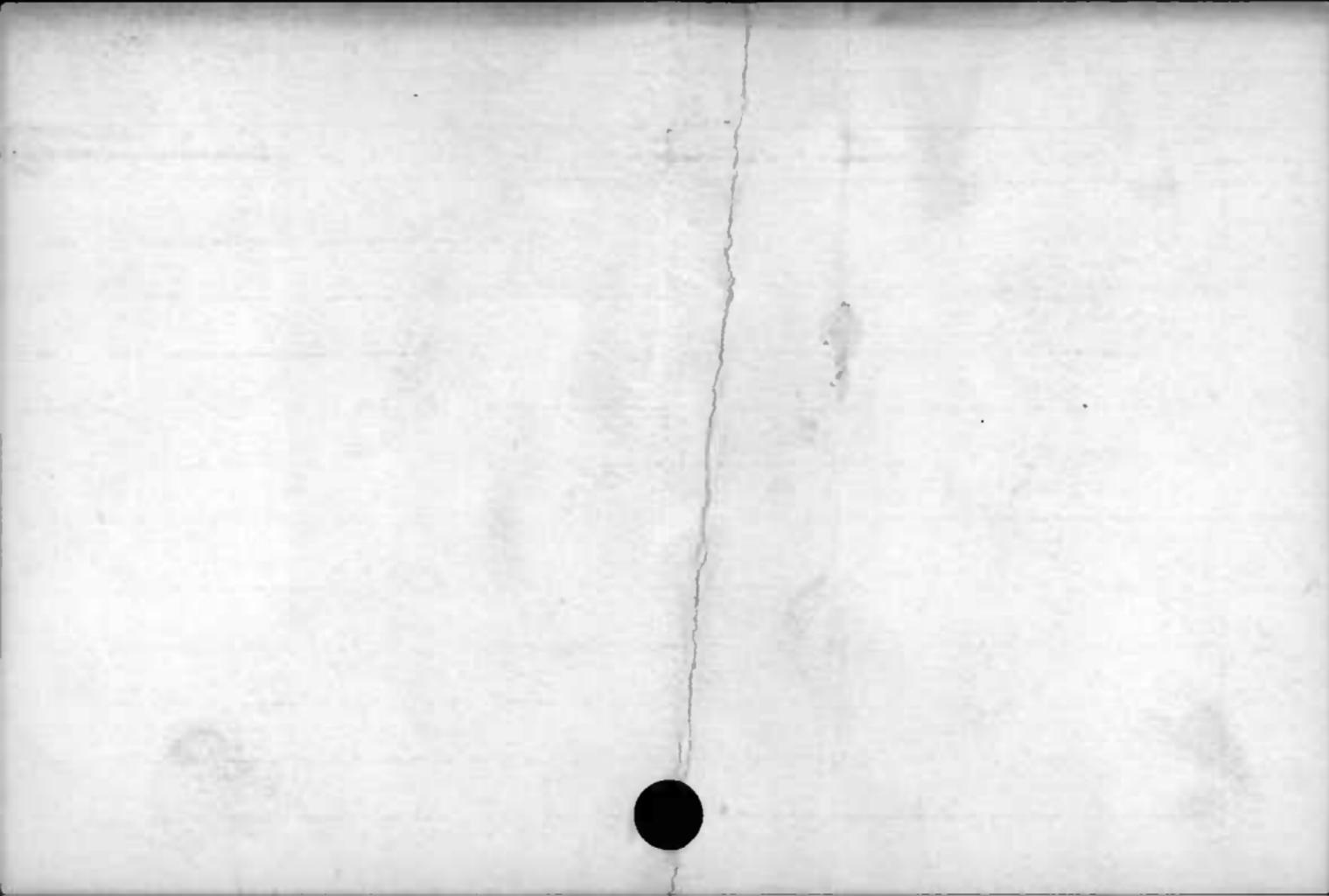
PHYSICIAN
OR CORONER

Primary	Blue baby -	150	How long
Immediate	Asphyxia	30	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. S. Bolte M.D.</i>

Address

Harrisonville Md,

Accident or Suicide?



Lucy Payout

Town

County

Died at Springfield State Hospital, Sykesville Carroll County MARYLAND

Date 1903	Month	Day	Y.	M.	D.	Native of	Occupation
1903	2	18	Age	Unknown		?	?
	White		Married	2		Widow	2
Female	Colored		Single	2		Widower	2
						Divorced	
						Number of children living	2

Husband of
Wife Not known

Father's
Name " "

Mother's
Maiden Name Not known

Cause of Death	Primary	Semile dementia	93	How long sick
	Immediate	Pneumonia		19 days -
				Accident, Suicide, Homicide

Reported by Dr. John Norfolk Morris
Address Sykesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Della Shipley Poole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Gamber	Caroline			
Date of death 1903	Month Feb	Day 3	Years 13	Months 6	Days 19
Sex female	Color or Race white	Birth-place Md			
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Benj F. Poole			Father's Birthplace	Md
Mother's Maiden Name	Albertie Blizzard			Mother's Birthplace	Md
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Measles	6	How long	1 week
Immediate	Cerebral congestion & meningitis	7	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr S. N. Gorham	
		Address	Gamber Md	
Accident or Suicide?	1			

Providence Church

Name
in
Full

Weldon. Colvorthip. Reisenider

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Near Trizelburg.	Carroll. Co.			
Date of death 1903	Month Feb.	Day 18	Years	Months	Days
Age	4 months	4 month	6		
Sex Boy.	Color or Race White	Occupation	Birth-place	Near Trizelburg	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Colande. B. Reisenider.				
Mother's Maiden Name	Emane. J. Yingling				
Name of person giving information					
Father's Birthplace	Troyton				
Mother's Birthplace	Wayberry.				
How related to deceased	Parents				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Yes

79

How long

4 Weeks.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

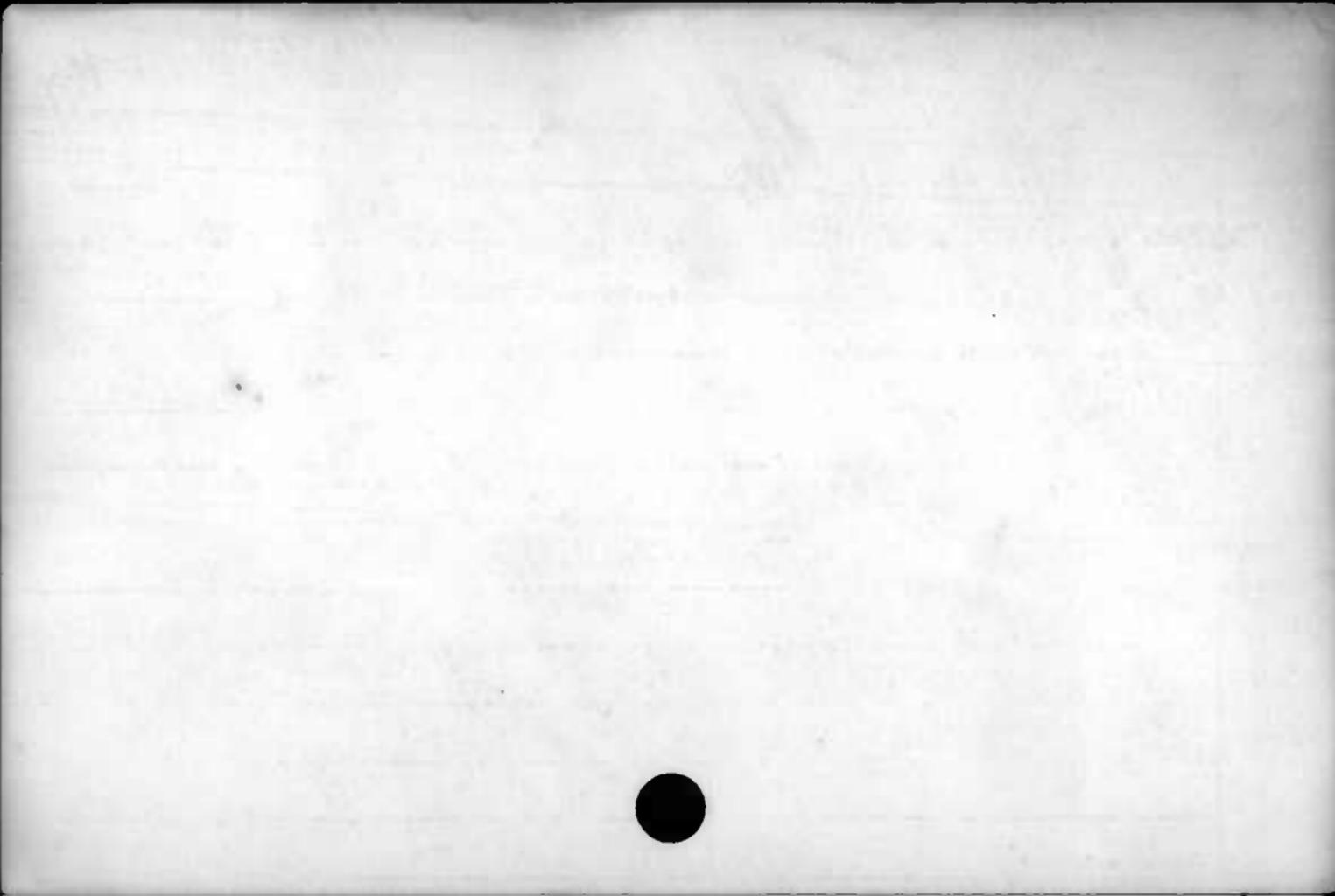
Yes

Signature of Physician

Address

Dr. Rhinehart.
Trizelburg. Ind.
Carroll. Co.

Accident or Suicide?



Name in Full

Certificate of Death

William Reifnider

Died at ^{Town} near Middleburg ^{County} Carroll MARYLAND

Date of death	Month	Day	Age	Y.	M.	D.	Native of	Occupation
1903	2	11	Age	70			Md.	Fanner
Male	White	Married			Widow			
Father	Colored	Single			Widower		Number of children living	no Children

Husband
of Mary Null

Father's
Name George Reifnider Mother's
Name Catherine

Cause of death	Primary	Heart disease	How long sick more than a year
Death	Immediate	Cardiac failure	Accident, Suicide, Homicide

Reported by

G. H. Sebris, M.D.
Gaithersburg, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Not Named

Certificate of Death

Died at	Town	County				
1903	Hanney	Carroll				MARYLAND
Date 189	Month	Day	Y.	M.	D.	Native of
	Feb	3			28	CC 2nd
Male	White	Age				Occupation
Female	Entered	Married				
		Single				
Husband		Widow				
of		X				
Wife		Widower				
		X				
Father's		Divorced				
Name	William J. Rusk	Number of children living				
		Child				

Cause of	Primary	Whoopingcough	Mother's	Mary Shriner
		8	Name	
Death	Immediate	Progressing Asphyxian		How long sick
				2 weeks
				Accident, Suicide, Homicide

Reported by

Harry Gardner MD

Address

Hanney Carroll Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1



2

Clara Sellers

Town

County

Died at Near Snidersburg

MARYLAND

Date 1903

Month Day

Y. M.

carroll

D.

Native of

Md

Occupation

Housewife

~~Male~~

White

Age 21 -

-

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband of

Jacob H. Sellers

Wife

Mother's

Father's

Guthrie Dawson

Maiden Name

Name

Angelina Waggoner

How long sick

about 10 days

Accident, Suicide, Homicide

Cause of

Primary

Pneumonia

Death

Immediate

Exhaustion

Reported by

Chas. R. Fouhy, M.D.

Westminister, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Grace Margaret Shanno
 Town County
 Max Tarrytown Carroll MARYLAND

Died at Date Month Day Y. M. D. Native of Occupation
 1903 2 21 4 mid.
White Married Widow Divorced
 Female Colored Single Widower Number of children living 4

Husband of ~~Wife~~
 Father's Name David Shanno Mother's Name ~~Tallei~~ Shanno
~~to 105~~

Cause of Death	Primary: Moraximus Exhaustion	How long sick: 2 mos
Death	Immediate	Accident, Suicide, Homicide

Reported by

F. H. Sciss, M.D.

Address



Tarrytown, N.Y.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

3rd Gora Shipley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at Westmister	Baltimore		
Date of death 1903	Month Feb	Day 22	Years 24
Age 24	Months 3	Days 2	
Sex Female	Color or Race white	Birth-place Westmister	
Married, Single or Widowed	Occupation house wife		
Name of Wife or Husband	John Shipley		
Father's Name	Jacob Kerlinger		
Mother's Maiden Name	Amie Brown		
Name of person giving information	John Shipley		
CAUSES OF DEATH			
Primary	Emphysema		How long 8 weeks
Immediate	Heart Failure		How long -

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Jas. J. H. of
		Address	Westmister
Accident or Suicide?			MD

St-Benjamins cemetery

Name in Full:

Certificate of Death

Mariah Rebecca Shoemaker Dr. Gardner

Town

County

Died at

Harney

Carroll

MARYLAND

Date 1903

Month Feb

Day 10

Y. 82

M. 7

D. 26

Native of Carroll Co Md - Homespouse

Occupation

Male

White

Age 82
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 8

Husband

of William Shoemaker

Wife

Father's

Name

Mother's

154

Cause of

Primary

Senile Degenerosity

How long sick

about 3 Weeks

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

J. Harry Gardner M.D.

Address

Harney

Carroll Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

3rd/Joseph Swinderman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1903	Month Feb.	Day 15	Age	Years 14	Months 2	Days 4
Sex	Male	Color or Race	White		Birth-place	Westminster	
Married, Single or Widowed	Single		Occupation				
Name of Wife or Husband							
Father's Name	Charles Swinderman		Father's Birthplace		Westminster		
Mother's Maiden Name	Laura Haines		Mother's Birthplace		"		
Name of person giving Information	Chas Swinderman		How related to deceased		Father.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pectoritis
Perforation

How long

116

12 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John S. Mathias
Westminster M.D.



Accident or Suicide?

Cathartes aura

Walter Jacob

Utz

Town
near Wertz P.O.

County

Barrell

Died

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

2 11

Age

—

—

22

Md -

—

Male

White

Married

Widow

Divorced

~~Female~~~~Caucasian~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name

Jacob Utz

Mother's Maiden Name

Sarah Marsh

Cause of

Primary

How long sick

Death

Immediate

Spasms -

10 days

Accident, Suicide, Homicide

Reported by

Dr. M. Rankinstone undertaker

Address

Rankinstone Po. Pa -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Levi Valentine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Carrollton		County Carroll		MARYLAND		
Date of death 1903	Month Feb	Day 4	Age 86	Years 86	Months 6	Days —
Sex Male	Color or Race White	Occupation Boat Inspector				
Married, Single or Widowed Married	Name of Wife or Husband Anna Clark					Father's Birthplace Maryland
Father's Name Jacob Valentine	Mother's Maiden Name Rebecca Pickett					Mother's Birthplace Maryland
Name of person giving information Mrs George Howard						How related to deceased Daughter
CAUSES OF DEATH						
Primary	Old Age			152		
Immediate	Heart Failure			10 days		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
				Address		

M L Batt
Westminster

Accident or Suicide?

Bethel



Name
in
Full

3/3/William Wagner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at, Town		County		MARYLAND		
Died at, Town	Westminster	County	Carroll	MARYLAND		
Date of death 1903	Month Feb	Day 12	Years 49	Months 6	Days 26	
Sex Male	Color or Race White	Occupation Single	Occupation Laborer			
Married, Single or Widowed Single						
Name of Wife or Husband William Wagner	Father's Name William Wagner	Father's Birthplace Westminster				
Mother's Maiden Name Annie Luminoos	Mother's Birthplace Mountaine					
Name of person giving Information Reiner Wagner	How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Consult: at	How long an hour
Immediate Hemorrhage	How long "
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician John S. Mathias Address Westminster Md.
Accident or Suicide?	

Mickens church

Town Eldersburg County Carroll MARYLAND

Died at near Eldersburg Date 1903 Month Feb. Day 13 Y. - M. - D. - Native of Md. Occupation -

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of _____

Wife

Father's Name

Herbert Grampier Mother's Name Nellie Buschey

Cause of Death Primary S. still Birth How long sick -

Death Immediate

Accident, Suicide, Homicide

Reported by

M.D. Morris. M.D.

Address

Eldersburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

William L. Weitz

Town

County

Died at

Manchester distl

Carroll

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
19 03	Feb.	20	Age	50.	3.28	Md.	Laborer
Male	White		Married		Widow	Divorced	
Female	Colored		Single		Widower	Number of children living	5

Husband
of

Wife

Father's
Name

William Weitz

Mother's
Maiden Name

Cause of

Primary

Influenza

How long sick

6 days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

John St Ziegler M.D.
Melrose Bldg. Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full 3rd Ruth Zellers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Feb	Day 26	Years 90	Months 7	Days 10
Sex Female	Color or Race White	Occupation Retired	Birthplace Westminster,		
Married, Single or Widowed Widow	Name of Wife or Husband Jacob Zellers				
Father's Name L	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information Jacob Zellers	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Old age	How long 54
Immediate —	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Address Jas. J. Hennig Westminster Md.
Accident or Suicide? No	

Int Union cemetery,